,									Аp	Application or Docket Number												
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								8-21-86(55-157														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	LEN		OR	OTHER SMALL E										
TOTAL CLAIMS			14					RAT	Έ	FEE		RATE	FEE									
FO	৭		NUMBER FILED		NUMBE	ER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00									
TOTAL CHARGEABLE CLAIMS			H minus 20=		* Ø			X\$ 9=			OR	X\$18=										
INDEPENDENT CLAIMS			3 minus 3 =		* Q			X42=			OR	X84=										
MUI	LTIPLE DEPEN	IDENT CLAIM PF	RESENT					+140=			OR	+280=										
* If 1	the difference	in column 1 is l	ess than ze	ro, ente	r "0" in c	" in column 0			AL		OR		7416									
CLAIMS AS AMENDED - PART II								, 🗸 1,	-		1 -,,	OTHER										
		(Column 1)		(Colu	ımn 2)	(Column 3)	1	SMA	LL I	ENTITY	OR	SMALL	ENTITY									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER NOUSLY OFOR	PRESENT EXTRA	 	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
DMI	Total	*	Minus	**		=		X\$ 9	9=		OR	X\$18=										
MEN	Independent	*	Minus	***		=	1	X42	<u>:</u> =		OR	V04										
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-												
								+140			OR	TOTAL										
								ADDIT.	FEE		OR	ADDIT. FEE										
		(Column 1)		10.00	umn 2) HEST	(Column 3)	7	<u> </u>		T	7		A 55:									
ENT B		REMAINING AFTER AMENDMENT		NUN PREV	MBER YIOUSLY D FOR	PRESENT EXTRA		RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
NON	Total	*	Minus	**		=		X\$ 9	9=		OR	X\$18=										
AMENDM	Independent	*	Minus	***		=		X42	?=		OR	X84=										
A	FIRST PRESE	ENTATION OF MU	ULTIPLE DEI	PENDEN	IT CLAIM						1											
								+140	0= OTAL		OR	TOTAL	<u> </u>									
			ADDIT.			JOR	ADDIT. FEE	<u> </u>														
		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								· -	า		1 									
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
AMENDMENT	Total	*	Minus	**		=		X\$ 9	9=		OR	X\$18=										
MER	Independent	*	Minus	***		=		X42	?=		OR	V04										
L	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM																				
	If 4L =	umn 4 fa los est	he ort-	ime ?	ite "O" !	Jumo 3		+140			OR		<u> </u>									
**	If the "Highest No	umn 1 is less than t umber Previously P	Paid For" IN TH	IIS SPACE	E is less tha	an 20, enter "20)."		OTAL FEE		OR	TOTAL ADDIT. FEE										
**	If the "Highest N	umber Previously F	aid For" IN Th	ııə SPACl ər Indepen	c (s less th (dent) is the	an 3, enter "3." e highest numh	er fo	ound in th	he an	poropriate bo	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											